

Registration Form

Fire Academy and Regional Technical Rescue

New York State Academy of Fire Science 600 College Ave., Montour Falls, NY 14865-9634 (607) 535-7136; Fax: (607) 535-4841

Personal Information

Sponsoring Organization

NAME (Last, First, MI)		FIRE DEPARTMENT ID # COUNTY
TRAINING IDENTIFICATION NUMBER		SPONSORING ORGANIZATION
HOME ADDRESS (Street, PO Box)		STREET ADDRESS, PO BOX
CITY STA	TE ZIP	CITY STATE ZIP
CHECK IF NEW ADDRESS DAYTIME PHONE FAX #	☐ MALE ☐ FEMALE EVENING PHONE E-MAIL ADDRESS	FD PHONE# FD E-MAIL or FAX NAME/TITLE - HEAD OF THE SPONSORING AGENCY SIGNATURE - HEAD OF THE SPONSORING AGENCY (REQUIRED)
☐ FIRE ACADEMY COL	IRSE CODE # CC	DURSE TITLE DATES: 1st CHOICE 2nd CHOICE
☐ REGIONAL COL	IRSE CODE # CO	OURSE TITLE DATES: 1st CHOICE 2nd CHOICE
Prerequisite Proof (if ap Must accompany registr	AND NONREFUNDABLE Out-of State - \$50 able) payable upon arrival (may not include required text boo oplicable) ration tions - payable upon arrival als & Lodging reakfast & lunch day (optional)	Total enclosed: \$ Balance due upon arrival: \$ Reasonable accommodation request: Share room with:
Make checks, money orders **Academy of File** Check Signed Voucher	& vouchers payable to:	ent Method VISA MasterCard Discover Total Charge: \$ Card # Security Code Security Code
☐ Signed Voucher	☐ Purchase Order	Signature Security Code

Please review the application to make certain it is complete and the required payment and prerequisite proof are enclosed.

This form is on the web at www.dhses.ny.gov/ofpc • MAIL OR FAX APPLICATION TO FIRE ACADEMY ONLY